

Karen Chapman School of Dancing

ENROLEMENT FORM

NAME:	D.O.B:
HOME TEL: MOBILE:	ADDRESS:
EMAIL ADDRESS:	
PREVIOUS DANCING EXPERIENCE:	
MEDICAL CONDITIONS:	

- EACH AND EVERY WEK MUST BE PAID FOR
- UNIFORM SHOULD BE WORN & HAIR SHOULD BE TIED BACK
- NO JEWELLERY TO BE WORN OR VALUABLES BROUGHT TO CLASS
- CHILDREN WILL TAKE PART IN EXAMS OR SHOWS EACH YEAR AT A SMALL COST

Please read & complete and bring a copy with you to class

Thank you for joining us, I hope you enjoy your time with us

NAME (please print)	SIGNED
DATE	

YOURS DANCING *Karen*